

# Visually-Induced Motion Sickness

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What differences are there between the natural world and a (perfectly-produced) 3D stereoscopic image which could lead to complaints?

1. Response of the accommodation and convergence systems
2. Unnatural perspective
3. Sharpness of the diplopic image
4. Vection & Visually-Induced Motion Sickness (nausea)

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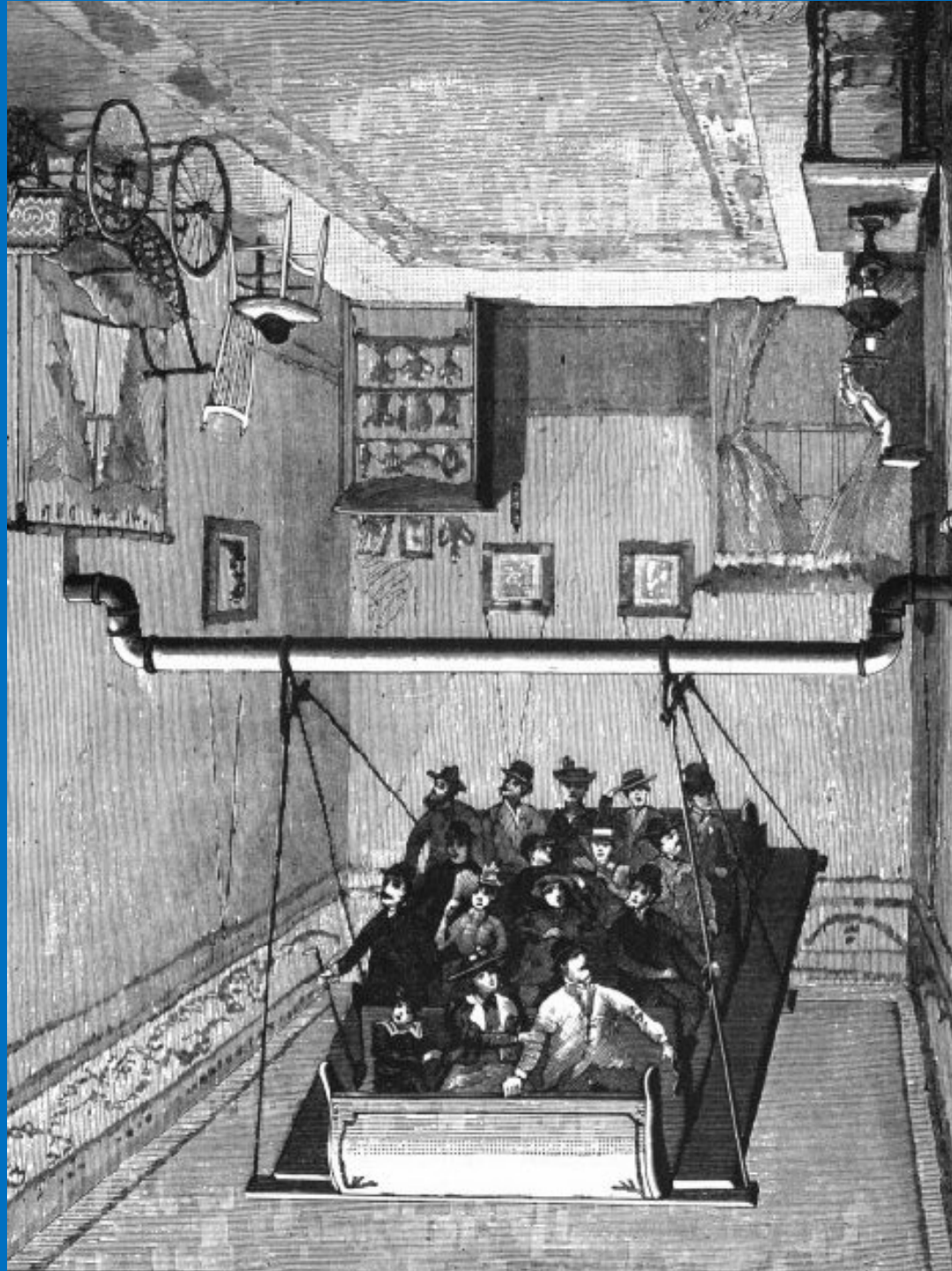
<http://www.squidoo.com/3dsickness>

# Vection



**Los Angeles  
1890's**

**Haunted Swing  
Illusion**



# Vection

Why do we feel that we are moving,  
when we are not?



**Kamzik Tower**  
Bratislava  
Slovakia

**Me**







REALITY

Moving



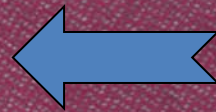
Stationary





JUST AS LIKELY

Stationary



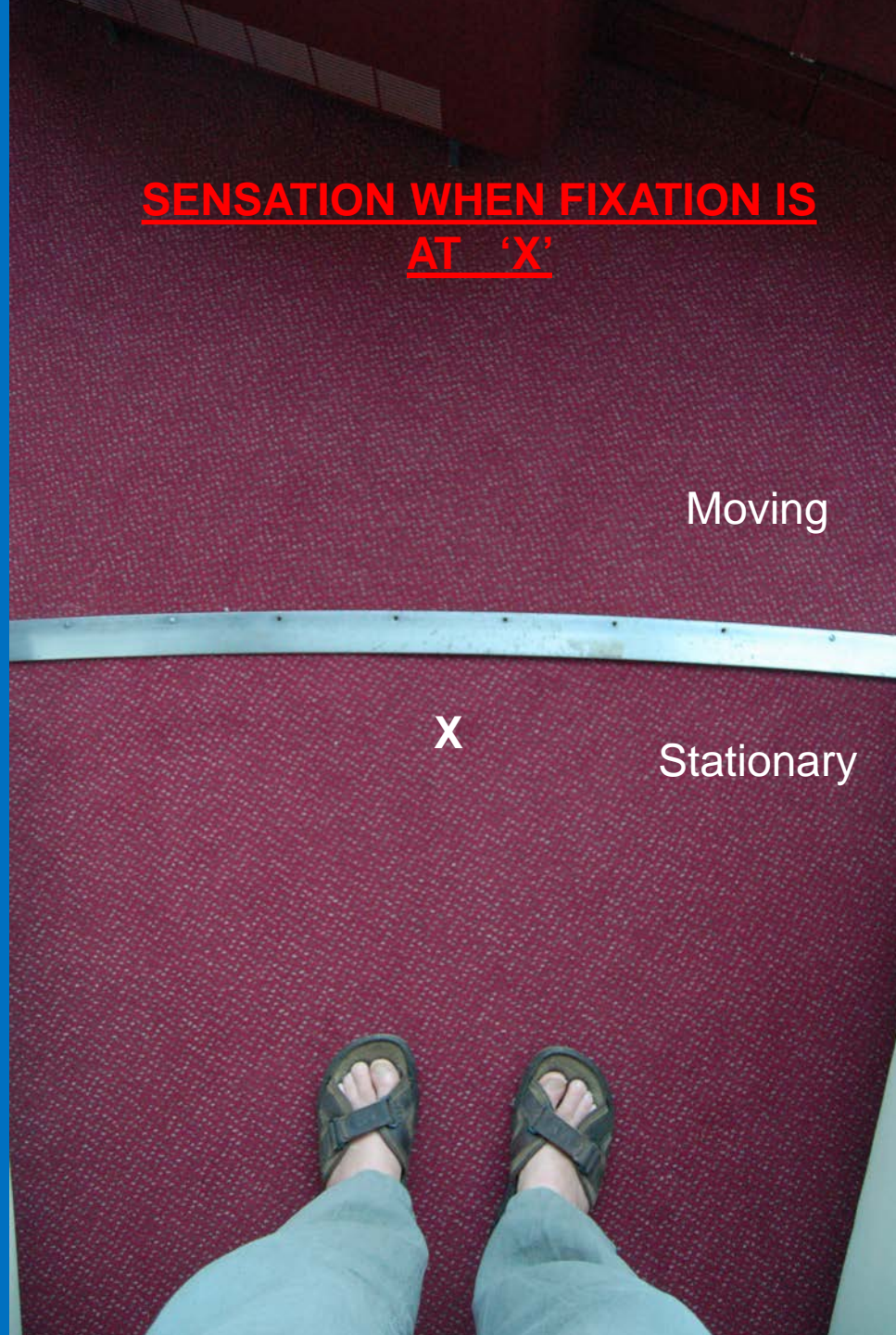
Moving

SENSATION WHEN FIXATION IS  
AT 'X'

Moving

X

Stationary



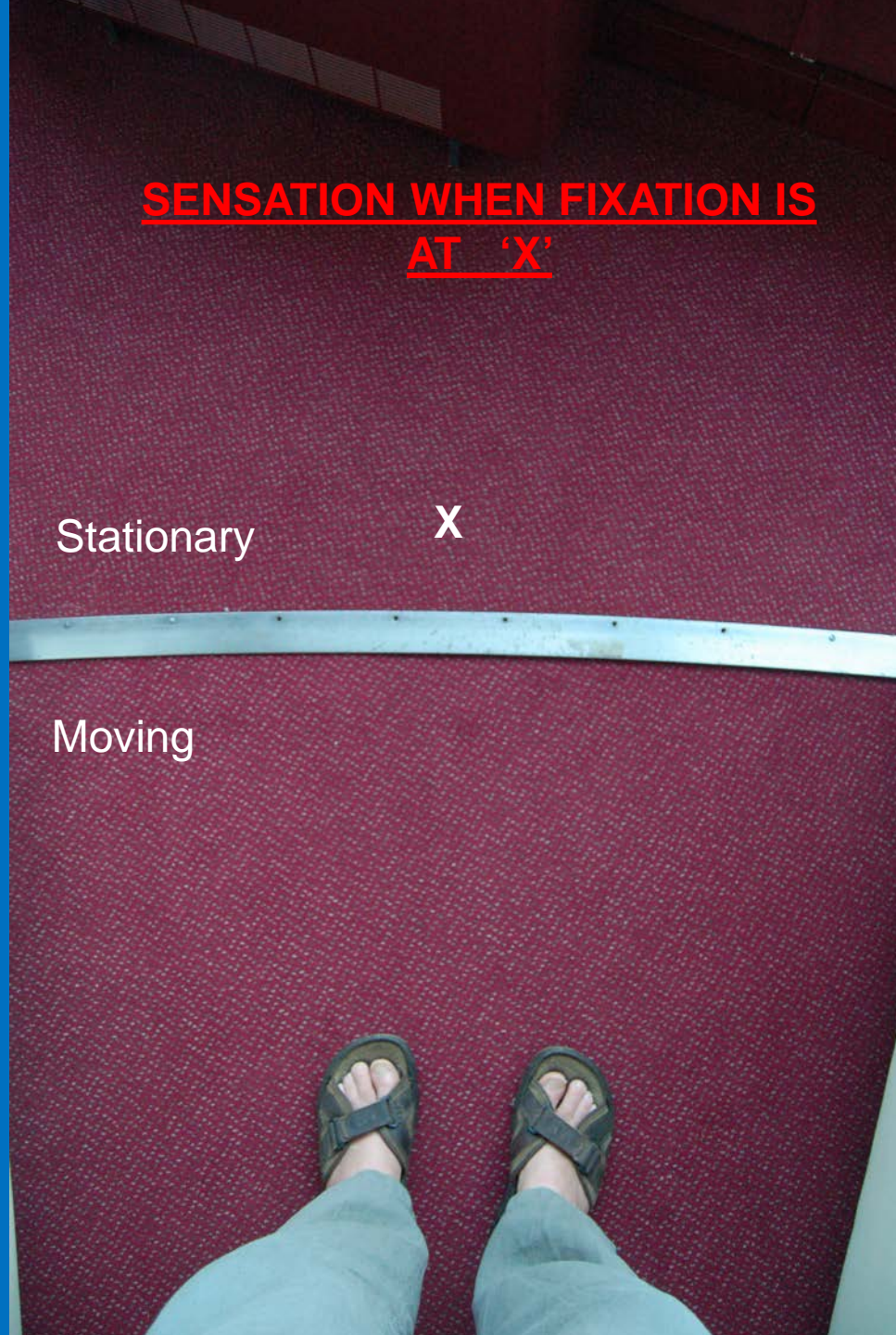


SENSATION WHEN FIXATION IS  
AT 'X'

Stationary

X

Moving





## Current Theory?

Sensation determined by eye movements  
In one condition the eyes move, in the other  
they do not.

Does vection give rise to motion sickness?

# Driving Simulator



# Vection can give rise to VIMS – Visually-Induced Motion Sickness

Background:

HSE project

HMD/ Virtual Reality side-effects



# Background:

HSE project

HMD/ Virtual Reality side-effects

Different hardware (HMDs)

Different software (games/tasks)



Figure 3.22. Pre/Post change in reported simulator sickness symptom level: Division VR condition (N=4

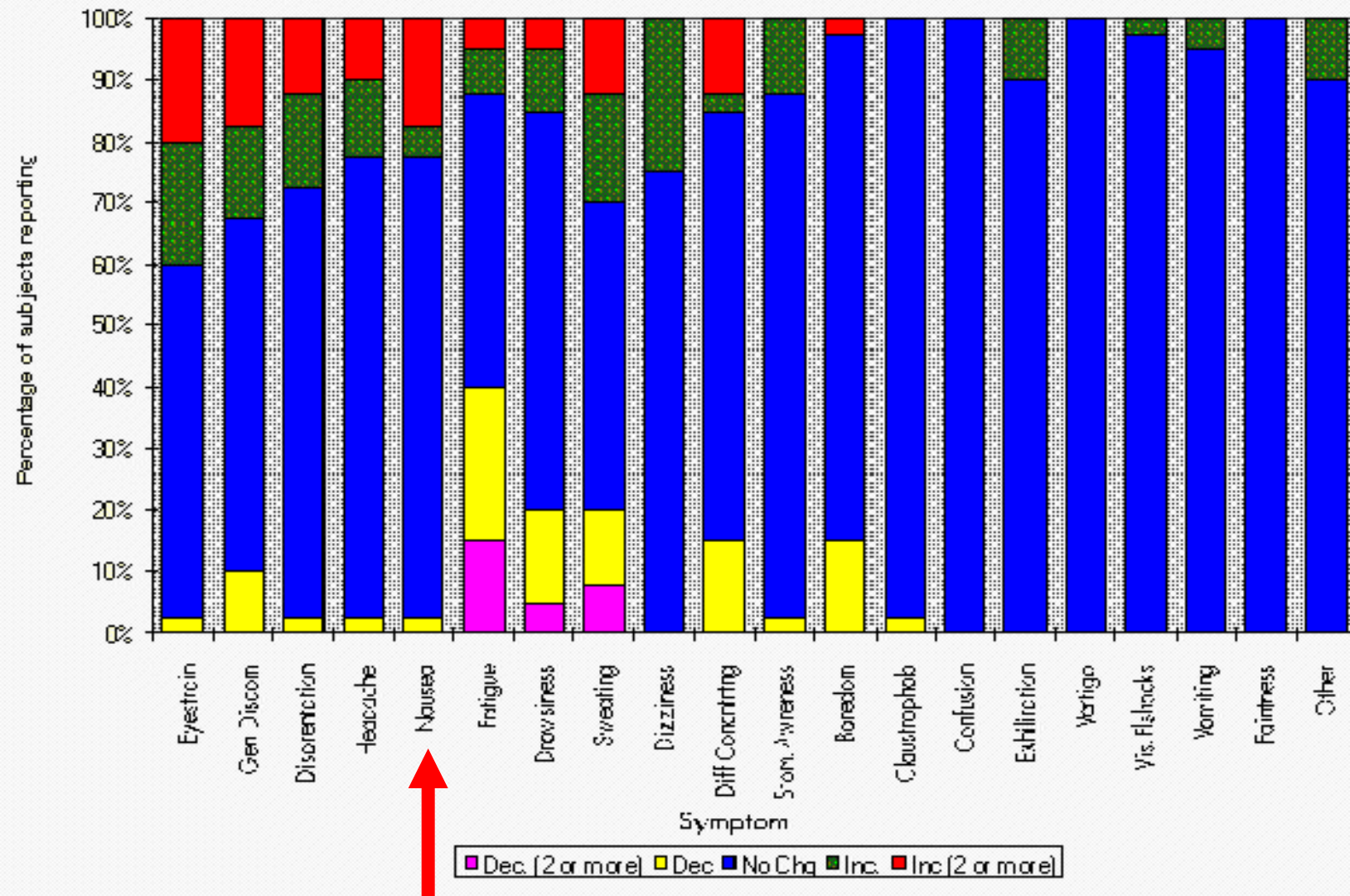
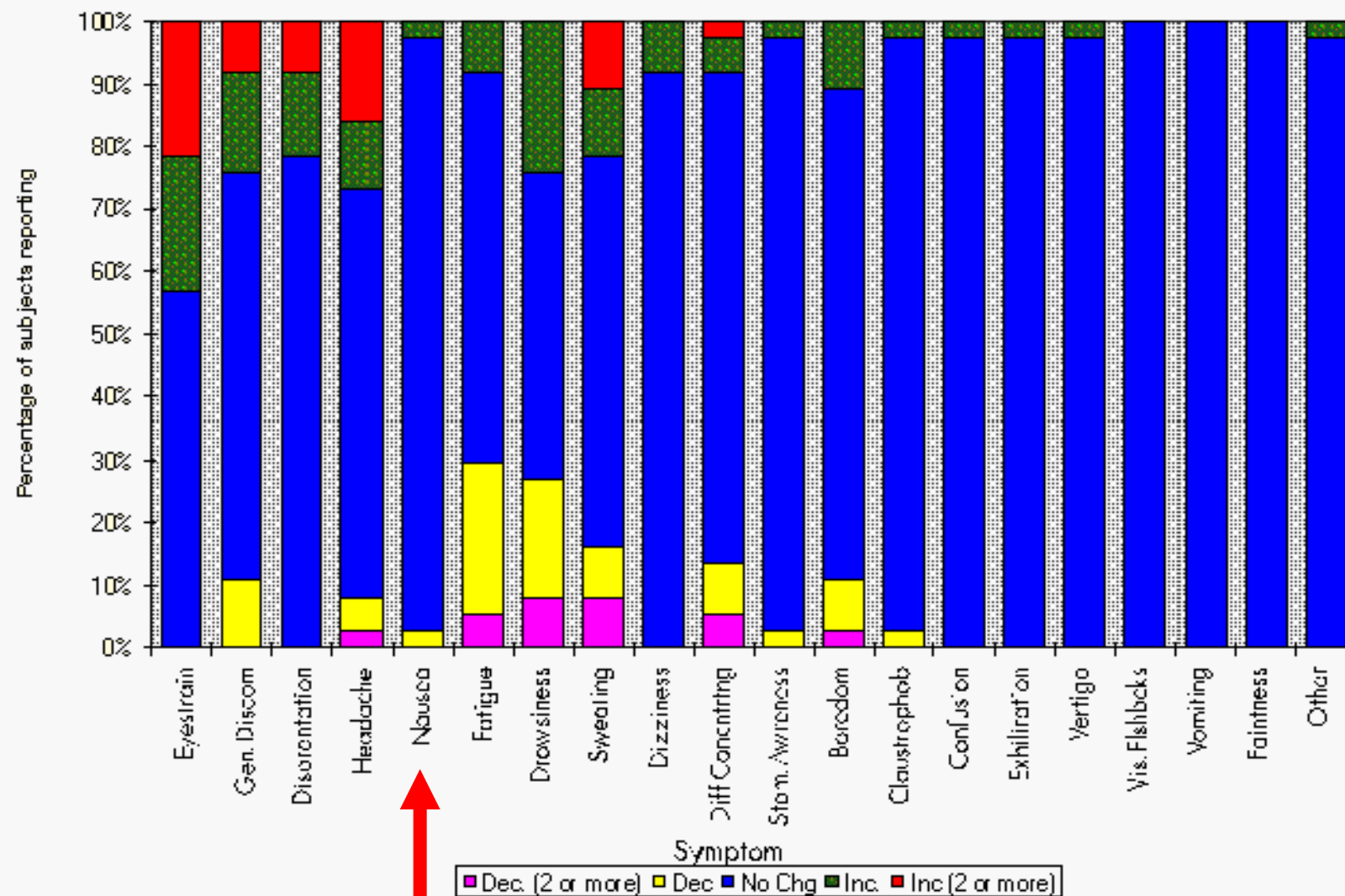




Figure 3.21. Pre/Post change in reported simulator sickness symptom level: Virtuality VR condition (N=37)



# HMD/ Virtual Reality Side-effects:

Different side-effects depending upon stimulus conditions

HMD wear + moving head & body –  
Significant symptoms:  
nausea, disorientation, dizziness

Virtuality game –  
moving forward only, nausea-free

## Question which arose:

Why should the direction ofvection influence the  
nauseogenicity?

# Vection

what information is available to us from our senses?  
how do we make sense of this information

VIMS:

Visually Induced Motion Sickness

We cannot consider the visual system alone  
when considering the symptoms – as these are  
not ***visual*** symptoms.

# Sense organs

## Vestibular system (Ears)

*Otoliths*

*Semi-circular canals*

- *provide information about  
CHANGE i.e. acceleration*

## Visual System (Eyes)

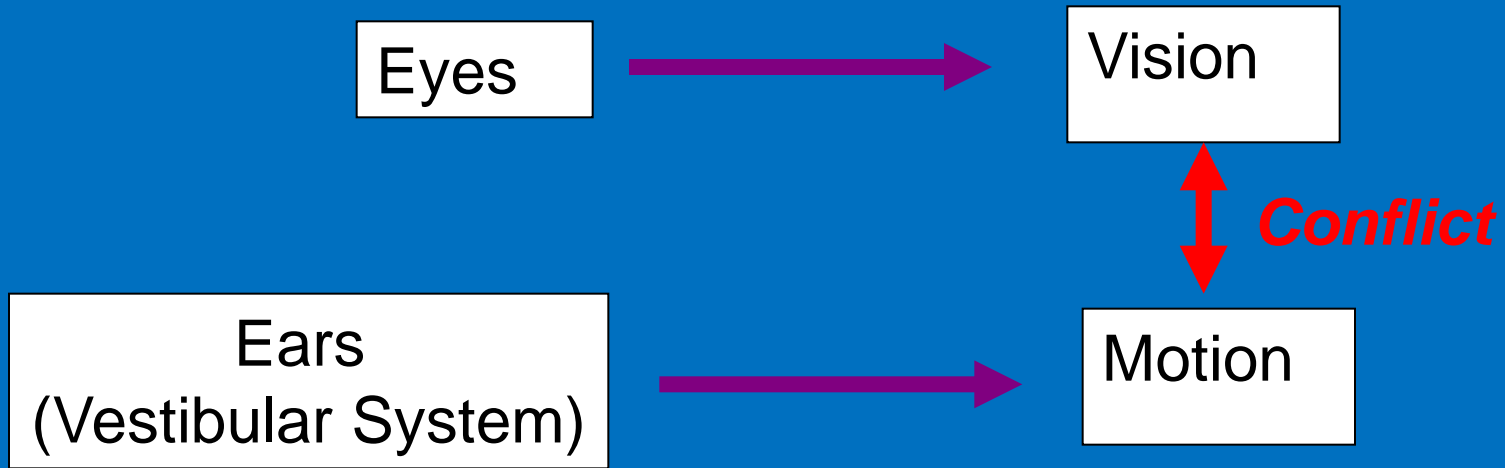
*vision*

*eye movements*

## Visual-Vestibular conflict?

*Traditional explanation for some forms  
of (true) motion sickness*

*Not universally-accepted  
(e.g Bles and colleagues)*



Where is the conflict?  
How is it monitored?

## Reason (1978)

Neural Mismatch theory  
Expectation (varies)

Does this apply to VIMS?  
Do we see habituation?



# Experiment:

Repeatedly expose people to a VIMS stimulus.

Do the symptoms decrease?

# Howarth & Hodder 2008

## Characteristics of Habituation to Motion in a Virtual Environment

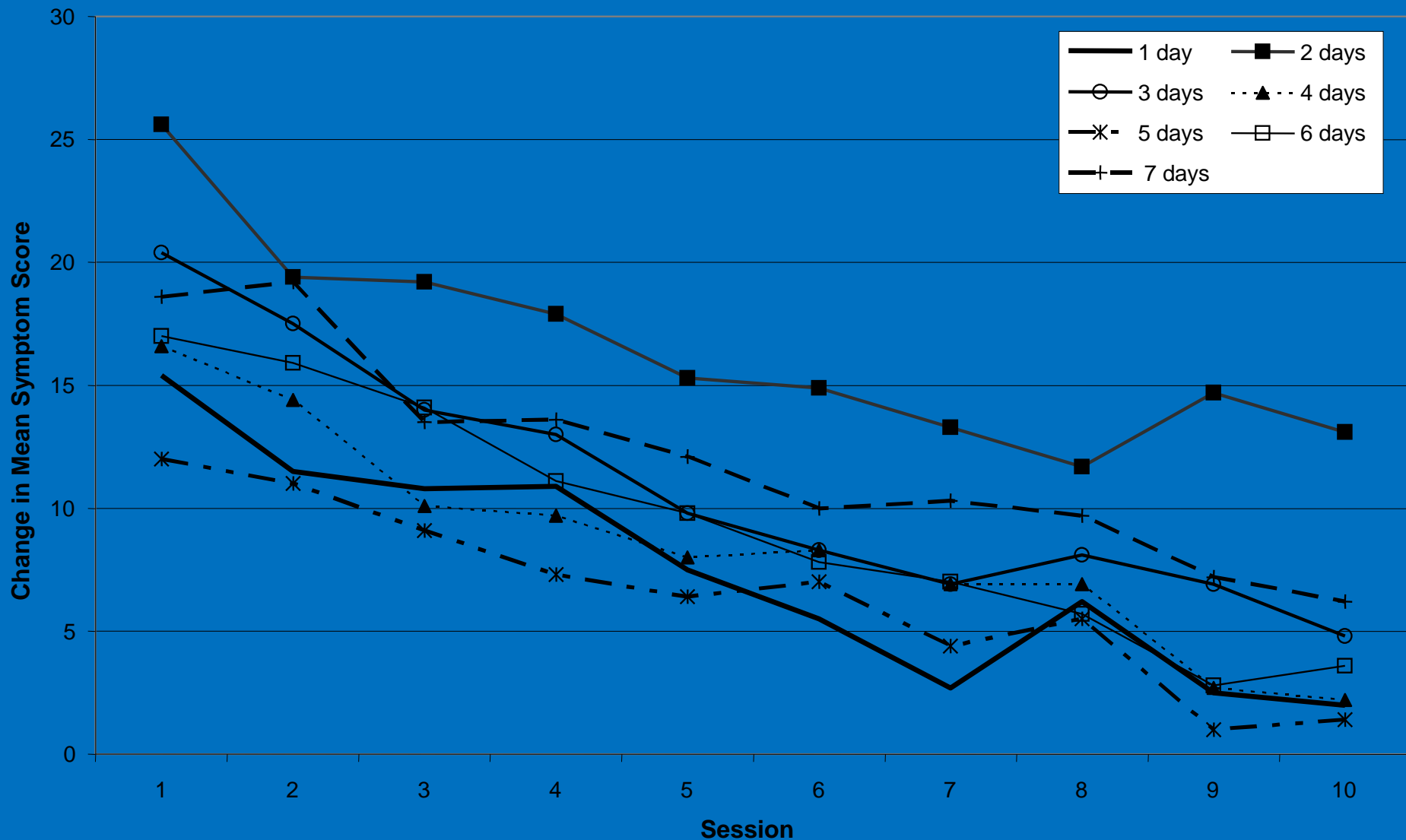
- 70 participants
- 7 conditions (different inter-trial interval)
- 10 trials per person
- 20 minute sessions; game 'Killer Loop'
- Cybermind untracked HMD

No different ***objective*** changes over the ten trials

BUT

Large changes in ***subjective*** reports

# The Reduction in Symptom Change over the trial with repeated exposures



Large changes in subjective reports

BUT

No different objective changes over the ten trials

HENCE the subjective changes came about through neural, and not ocular changes

**- *Habituation***

- Vection without Nausea -  
Virtuality game; vehicle travel
- Conflict without nausea –  
travel at a constant speed
- Nausea without Vection -  
Sea-sickness with eyes shut
- Nausea without Vection -  
Howarth & Costello (1997)

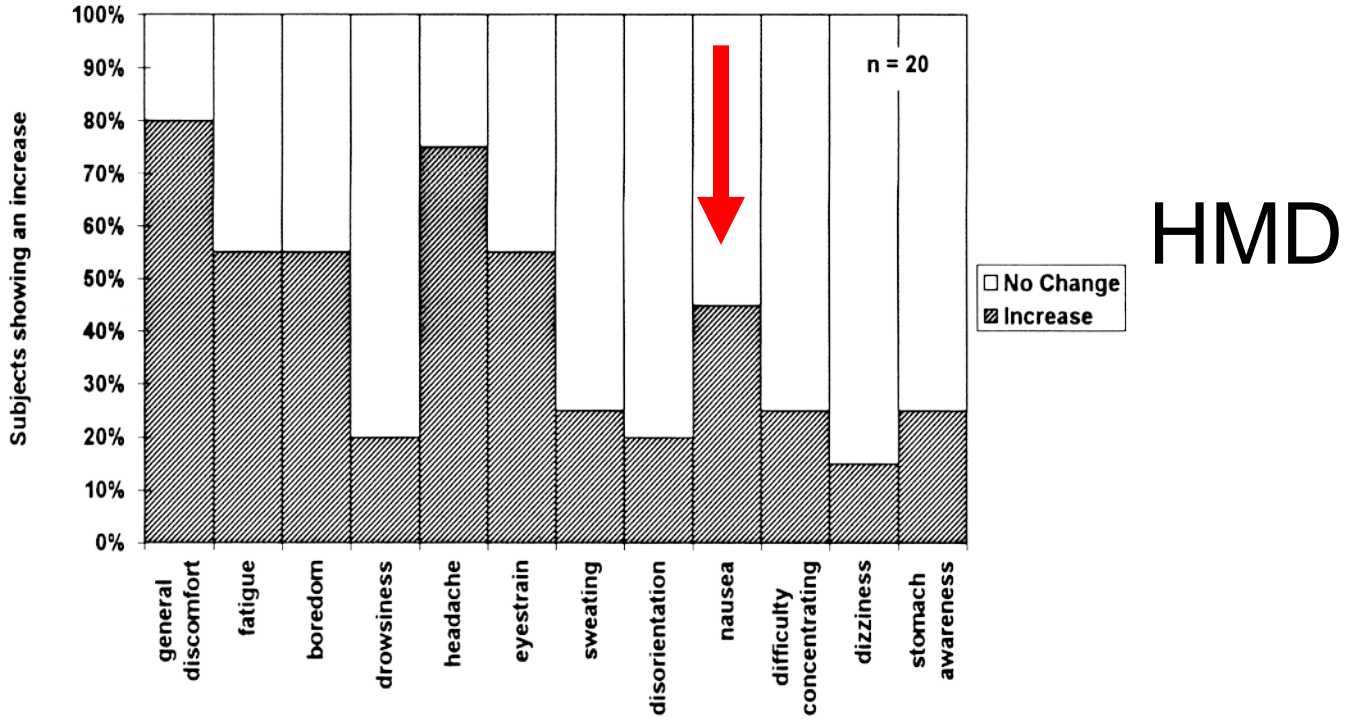
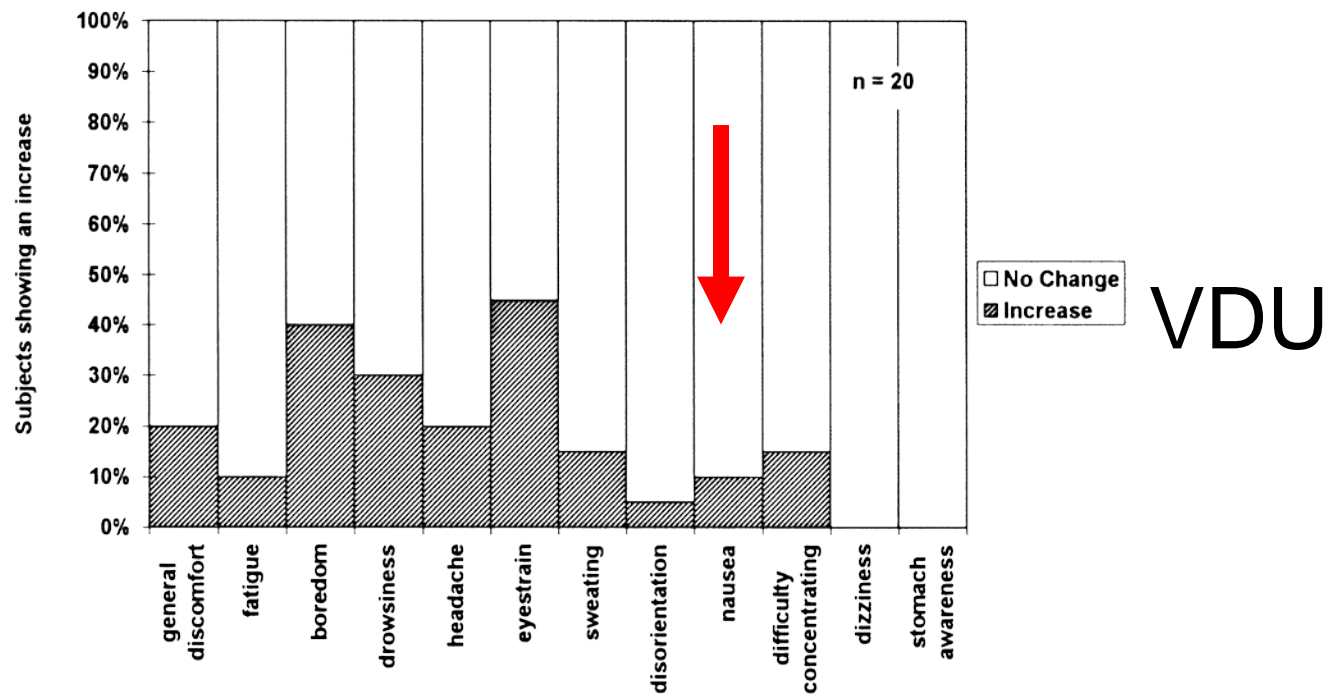
# The Occurrence of Virtual Simulation Sickness Symptoms When An HMD Was Used As a Personal Viewing System

P.A. Howarth and P.J. Costello (1997)

Non-tracked Bi-ocular system (c.w. wearing glasses with screens to view a film whilst on a plane). Control = VDT

Game: chess; Time: 1 hour; n = 20

Issue here is that when head moves, the screen moves as well – unnatural visual stimulus (but novection)



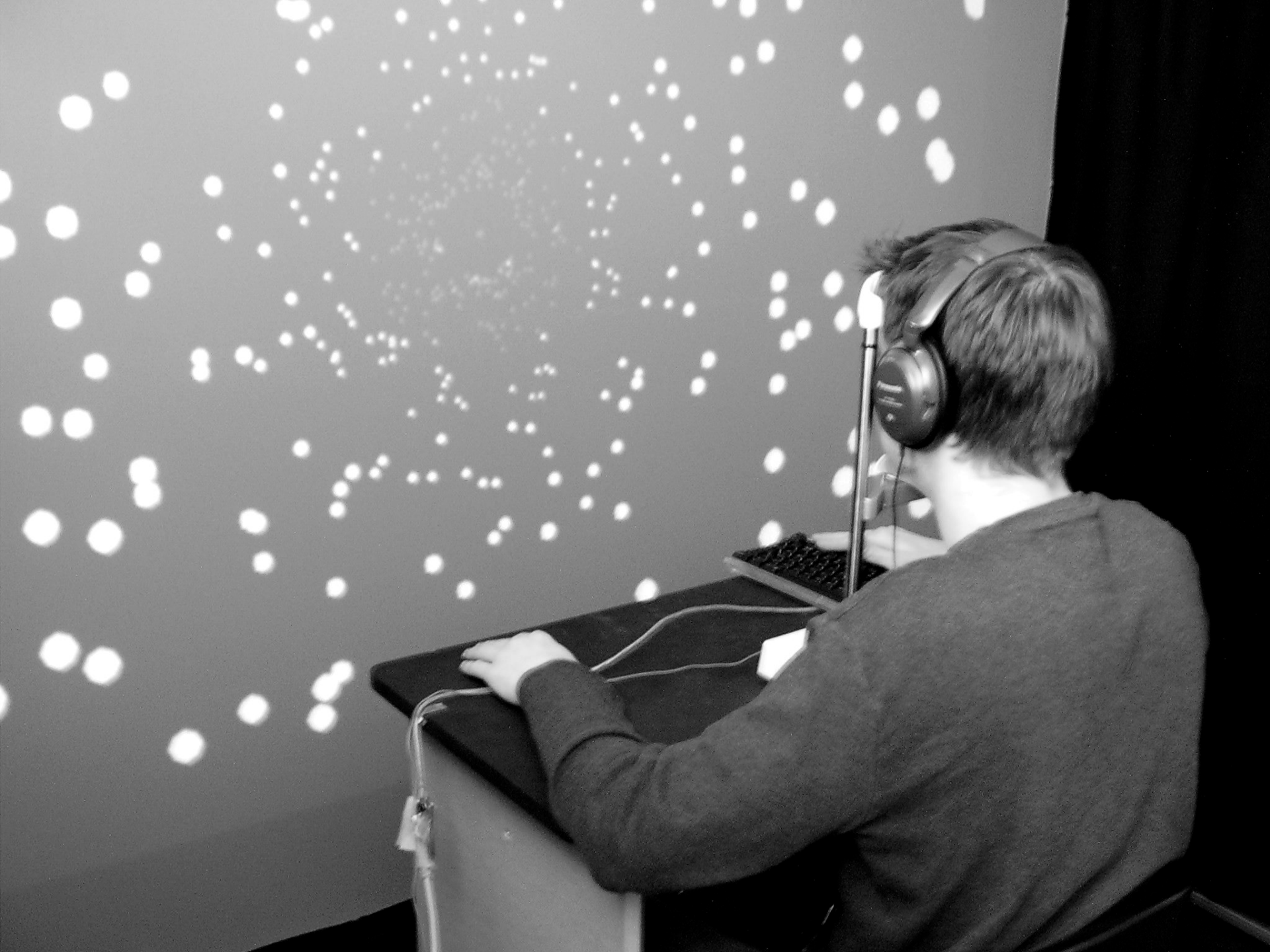


## Differences between the two conditions in simulator sickness symptom increases

General discomfort	$p < .001$
Fatigue	$p < .001$
Boredom	Not Sig.
Drowsiness	Not Sig.
Headache	$p < .001$
Eyestrain	Not Sig.
Sweating	Not Sig.
Disorientation	Not Sig.
Nausea	$p < .001$
Diff. concentrating	Not Sig.
Dizziness	$p < 0.05$
Stomach awareness	$p < 0.01$

How does the direction of stimulus motion  
(the 'flow pattern') affect VIMS?

Experiment using different flow patterns (Diels)



# Stimulus conditions

Real time; frame rate of 60 Hz

Images backprojected onto a tangent screen (190 cm x 145 cm) with a Hitachi CP-X958W/E projector (1024 x 768 pixels).

Display: 500 white dots with a luminance of 10.82 cd/m<sup>2</sup> randomly positioned on a black background of 0.35 cd/m<sup>2</sup>

Dot velocity and size varied exponentially as a function of their simulated location in depth. Dot size at the eye ranged from 0.22° at the middle to 2.97° at the periphery.

## Five conditions:

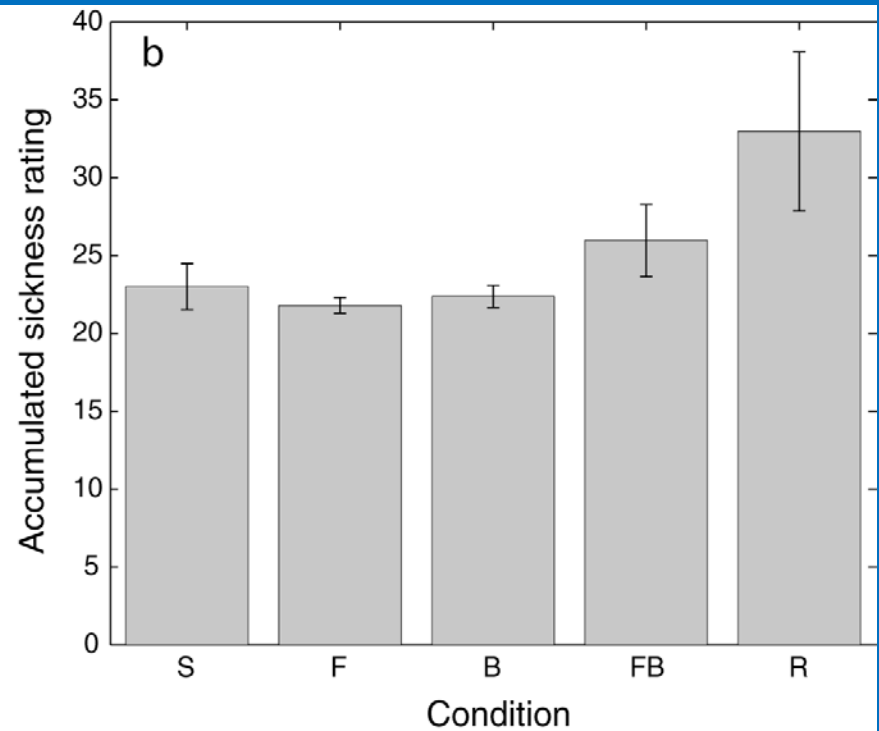
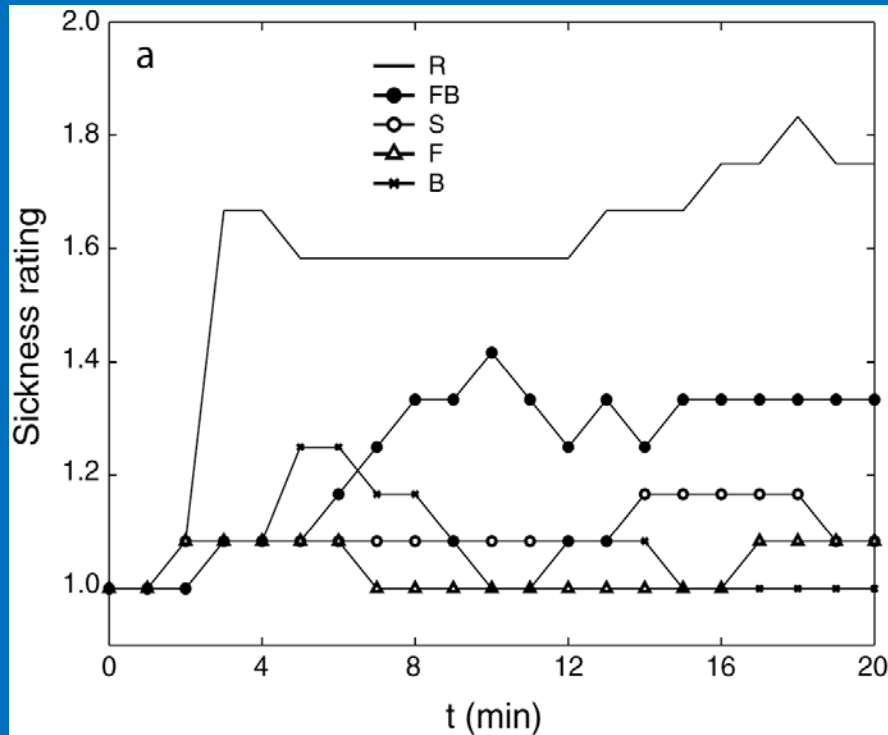
1. Stationary (S)
2. Forward (F)
3. Backward (B)
4. Forward/Backward (F/B)
5. Roll (R)



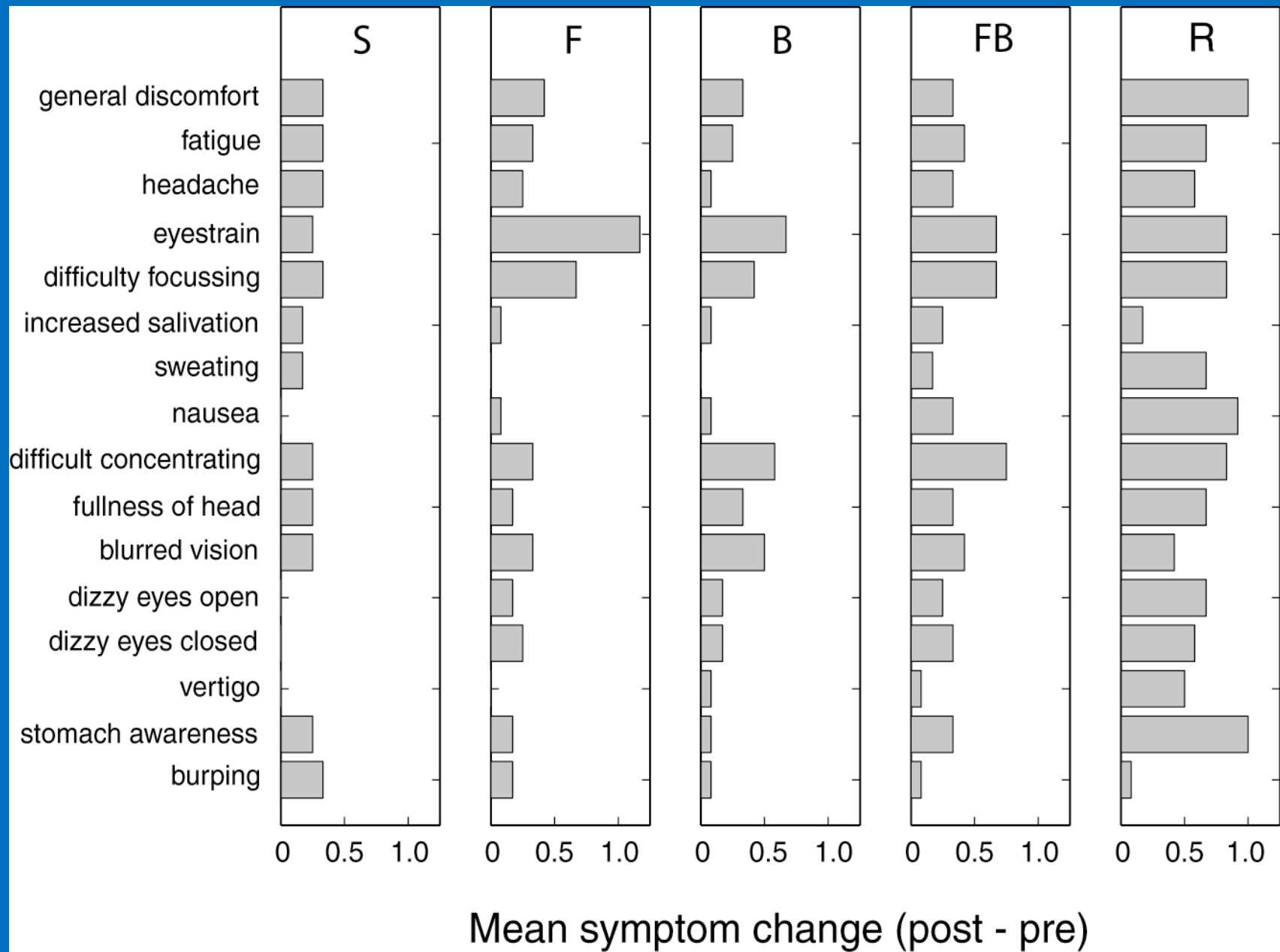
posture + roll.MOV

(a) Mean sickness rating as a function of exposure duration.

(b) Mean accumulated sickness ratings ( $\pm$  SEM).

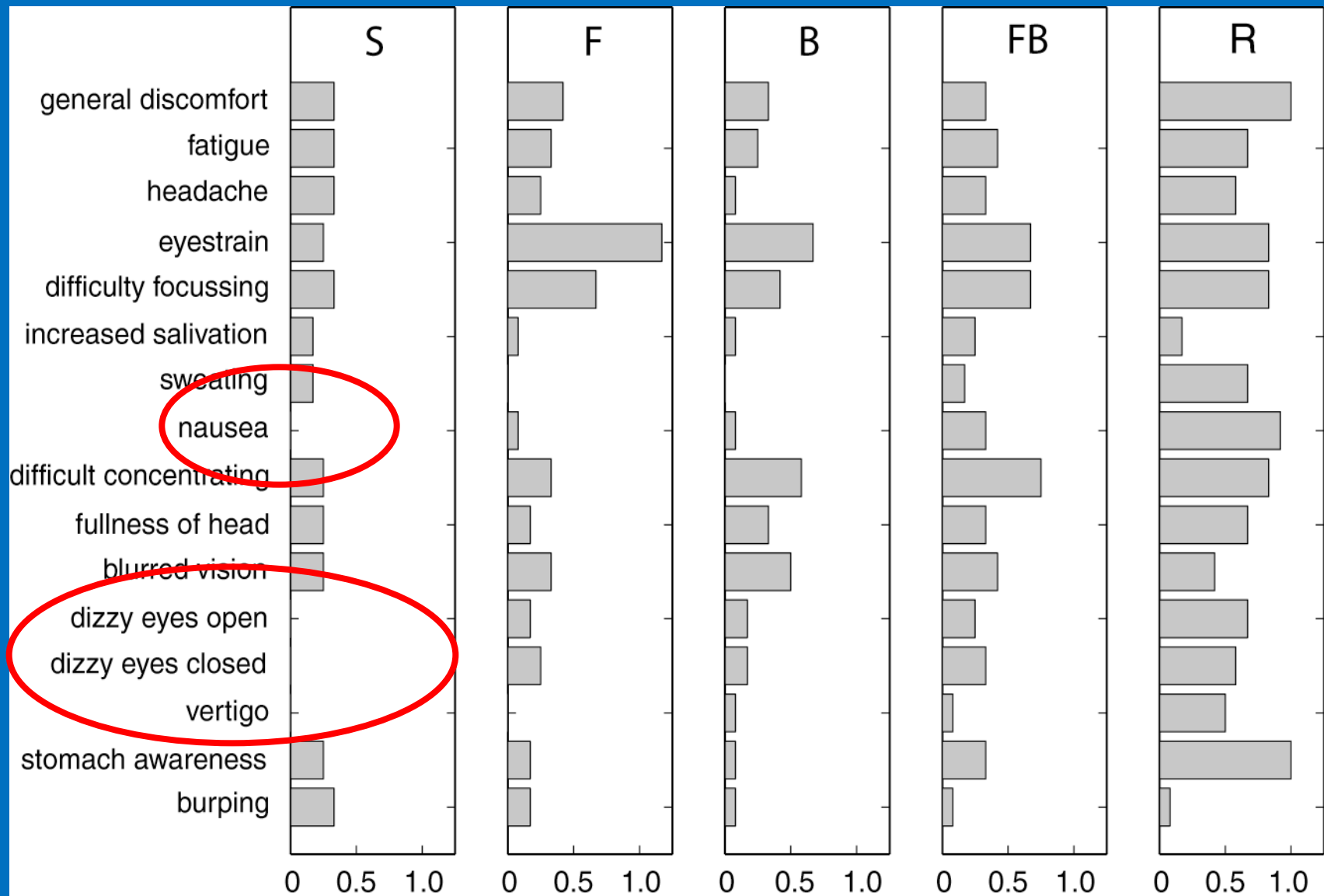


Mean change (post – pre score) in symptom severity of individual SSQ symptoms for the five conditions.





Mean change (post – pre score) in symptom severity of individual SSQ symptoms for the five conditions.



Mean symptom change (post - pre)

## Summary:

- Little effect of F-B movement?  
(c.w. earlier result from HSE study!)
- ‘Natural’ motion less nauseogenic

## Relevance to complaints from people viewing 3D stereoscopic images?

- Titanic - '2D' (i.e. non-stereoscopic)
- Blair Witch Project - '2D' (i.e. non-stereoscopic)
- Avatar - 3D Stereoscopic

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